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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) M4065.0698/P698 | |
| In re Application of Kristy A. Campbell et al. | | | |
| Application Number 09/943,190-Conf. #8483 | | Filed August 29, 2001 | |
| For: METHOD OF FORMING NON-VOLATILE RESISTANCE VARIABLE DEVICES, METHODS OF FORMING A PROGRAMMABLE MEMORY CELL OF MEMORY CIRCUITRY, AND A NON-VOLATILE RESISTANCE VARIABLE DEVICE | | | |
| Art Unit 2825 | | Examiner R. Rocchegiani | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | | \$ 110.00 | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | | \$ _____ | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | | \$ _____ | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | | \$ _____ | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | \$ _____ | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073 . | | | |
| I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 28371 | | | |
| March 24, 2004 Date | | Signature | |
| (202) 828-2232 Telephone Number | | Thomas J. D'Amico Typed or printed name | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | |
| <input type="checkbox"/> Total of 1 forms are submitted. | | | |

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